

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582,335

FILING DATE

6-9-06

APPLICANT(S)

CLAIMS

	<i>after Article 34</i>		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12	1	11				
13		12				
14		13				
15		14				
16		15				
17	1	16				
18	1	17				
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48						
49						
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	17	←		←		←
TOTAL CLAIMS	21					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						